

# Statewide Acute Health Systems-Stroke Level III Designation Checklist

Hospital Name: \_\_\_\_\_ TJC or DNV Certified: \_\_\_\_\_ Surveyor Name: \_\_\_\_\_ Date: \_\_\_\_\_

These items have been deemed <u>E</u> ssential Or <u>D</u> esired Criteria for a Level III Stroke Center	E/D	YES	NO	Notes
<b>HOSPITAL ORGANIZATION</b>				
Physician Medical Director for stroke services: Physician with sufficient knowledge of cerebrovascular disease	E			
Stroke Coordinator	E			
<b>Hospital Departments/Sections</b>				
Emergency Medicine	E			
<b>CLINICAL CAPABILITIES</b>				
<b>Specialty availability upon notification of patient need</b>				
Emergency Medicine – Physician Staffed (10 minutes)	E			
24/7 on-call neurology OR a physician with expertise and experience in diagnosing and treating stroke OR a neurologist by telemedicine	E			
Physician or nurse with ability to evaluate patient for tPA use	E			
Neurosurgery Transfer Plan – timely transfer (may use ATCC) *	E			
<b>FACILITIES AND RESOURCES</b>				
<b>Emergency Department (ED)</b>				
Physician staffed ED (must be in hospital)	E			
Nursing Personnel (continuous monitoring until admission or transfer)	E			
Emergency Department available 24/7	E			
Stroke Treatment Protocols in place that define tPA administration	E			
Pharmacy with tPA in stock 24/7	E			
Written plan for higher level of care for patients who require it	E			
<b>Equipment</b>				
Airway control and ventilation equipment	E			
Pulse oximetry	E			
End-tidal CO2 determination	E			
Suction devices	E			
Electrocardiograph	E			
Standard intravenous fluid administration equipment	E			
Sterile sets for percutaneous vascular access (venous and arterial)	E			
Gastric decompression	E			

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Drugs necessary for emergency care	E			
X-ray availability	E			
CT availability and interpretation in 45 minutes	E			
Two-way communication with emergency vehicles	E			
<b>Monitoring equipment</b>				
Telemetry	E			
Pulse Oximetry	E			
<b>Neuroimaging special capabilities</b>				
In-house radiology technical personnel capable of brain CT	E			
Computed tomography (emergent and routine)	E			
<b>Clinical laboratory services</b>				
Standard analyses of blood, urine, etc	E			
Comprehensive coagulation testing	E			
<b>CONTINUING EDUCATION</b>				
<b>At least 4 hours annual program education are provided for:</b>				
Physician Medical Director for stroke services	E			
<b>At least 2 hours annual program education are provided for:</b>				
Staff Physicians who care for stroke patients	E			
<b>At least twice a year stroke program education is provided for:</b>				
All other staff members who care for stroke patients	E			
Stroke Prevention Program Coordinator	D			
<b>Annual Acute Health Systems Training:</b>				
Physicians	E			
Emergency Department staff	E			
<b>PERFORMANCE IMPROVEMENT</b>				
Does hospital track patient outcomes?	E			
Perform on-going evaluations?	E			
Strive for improvement?	E			
Community outreach/public education?	E			
<b>RESEARCH AND REGISTRIES</b>				
Participate in a stroke registry	D			

\*ATCC can be used to coordinate transfers within the stroke system.

